## NOTICE OF FEE DUE

DATE:	01-25-03		<u>.</u>	•	
TO:	I Ssue f	ec ec			
FROM:	Office of Initial Pa	atent Examinat	ion		
SUBJECT:	•			-	
APPLICAT	TON NUMBER: _	10/721,	641		
Office for the	e for the attached do he following reasor on to charge a depo- appropriate fee. If a ciency.	n. Please check sit account. If	c the applicatio an authorizatio	n for the app n is present,	propriate please
<b>I</b> nsuffic	ient fee by check			· .	
☐ Insuffic	ient funds in deposi	it account		~	
[] Decline	d credit card			v	
Non aut	horization for charg	ge to deposit ac	ecount		
□ No fee s	ubmitted per requir	rement			
			<b>3.</b>	a 1/0	an)
The correct	fee code: 15	<u> </u>	amount	\$ 17	270
The suspen	ded fee code: 1999	/1506/pp	amount	- \$	30
Fee Due		• -	amount	=\$	30
If you have any questions, please contact Cynthia Streater at 703-306-5430 or Eleanor Kurtz at 703-308-3642.					
Terminal Op	perator	len fen	·		